

There is one disturbance of sensation which is constant, viz., the loss or considerable diminution over a greater or less surface of tactile sensibility. The analgesia is often so extensive as to leave but a small portion of the surface healthy. The one area which is seldom affected Dr. Dheur finds to be the upper-lip. The analgesia is sometimes localized in a single limb, often on only one aspect of a limb; the lesions are frequently, but not always, symmetrical. Lessening of thermal sense is noted chiefly in agitated melancholia. The reflexes are also sometimes lost in these patients, and four times Dr. D. has seen the patellar reflex exaggerated. In one-third of the cases hyperæsthesia is present, usually of small extent and very variable in situation. Olfactory, gustatory and auditory sensibility are all occasionally found affected. Diminution of vision often coinciding with narrowing of the visual fields was also observed. Respiratory movements were noticed to be irregular in some cases, and often less frequent than in the healthy.

These interesting observations, like so many of the disturbances of sensibility in hysteria will probably not be found to be so usual in this country as in France.

J. K. MITCHELL.

MENTAL CHANGES IN GRAVES' DISEASE. By A. Mande, L.R.C.P.
Jour. of Ment. Science, January, 1896.

Dr. Mande reviews twenty cases of exophthalmic goitre, studying the mental phenomena. He considers only one of the twenty as definitely insane, yet regards only two of the twenty as having normal mental state. He describes as common an irritable restless state that he calls neurasthenic, with chorea of ideas and loss of ability for connected thought. Personally, we are impressed with this description in its alliance to the irritable prodromal state of senile dementia, choreic dementia and parietic dementia.

THE DISORDERS OF THE MUSCULAR SYSTEM IN INSANITY. Theodore H. Kellogg, M.D. Medical Record, Aug. 15, 1896.

In a timely paper on the above subject, Kellogg points out the various disorders manifested in the muscular apparatus of the insane. According to their clinical frequency we meet with, 1st, atrophy; 2d, tremors; 3d, contractures; 4th, spasms; 5th, cramps; 6th, pareses and paralyses. These categories apply to the voluntary muscular system. Atrophy is very much more frequent in insanity than is commonly supposed, and sometimes reaches excessive grades. It often takes place very rapidly, as in acute delirium. In the various toxic insanities atrophy is commonly the result of trophic lesions in the central nervous system. In the diathetic insanities gout, rheumatism, syphilis, tuberculosis, etcetera—muscular wasting is not infrequent. In general paresis and alcoholic dementia, polyneuritis often induces atrophy. In idiocy, imbecility and cretinism this symptom is common. Simple atrophy may, of course, also arise from disuse as in bed-ridden cases.

Tremors of various kinds, coarse and fine, partial and general, constant and interrupted, or "intentional," are very frequent among the insane. During repose they usually disappear.

Contractures of varying degree are common in insanity. They may be the result of habit, such as fixed postures, for instance in melancholia, or be due to central nervous lesions, as in organic dementia, syphilitic and alcoholic insanity and other forms, or be caused by joint troubles, as in rheumatic insanity.

Spasms, both tonic and chronic, are frequently encountered, but the latter are not as common as the former. Often they resemble, or are identical with, the psychic and convulsive tics. Tonic spasm of the orbicularis palpebrarum, and of the sterno-cleido-mastoid and trapezius is common. Esophageal and pharyngeal spasms also occur. The

spasmodic clonic movements of choreic insanity are to be classed under this head.

Strabismus is common in all types of insanity and the permanent divergent squint Kellogg holds to be of unfavorable diagnostic import.

Cramps of all kinds are among the muscular anomalies to be noted among the insane. The gastrocnemius is, perhaps, most frequently affected. These cramps are often painful and the source of insomnia, especially in neurasthenic and alcoholic cases. Tetanoid, epileptoid and cataleptoid may, among others, be distinguished.

The *pareses* and *paralyses* are probably the most serious of the muscular disorders. They are of every variety and form, according to the location of the lesion in the central nervous organs and peripheral nerves, and are of the same general character as those resulting from nerve lesion without mental disease. Therefore, it is unnecessary to review them more fully here. The well-known automatic movements so commonly seen in various forms of insanity, imbecility and idiocy, Kellogg also classes under the muscular affections, but many neurologists and alienists will doubtless not concur in this view.

The sensory disturbances of the muscular system are also concisely spoken of. Among these are to be mentioned the deviations in the muscular or kinæsthetic sense, namely, the muscular anæsthesias and hyperæsthesias, myalgias and lumbago. To the anomalies of the involuntary muscles, only a few lines are devoted.

Altogether Kellogg's paper is important and timely, in as much as the physical signs of demented persons are often neglected or overlooked, though they usually form factors of weight, both in the treatment and prognosis of nearly all cases which exhibit them.

STERNE.

ATTENTION AND "AUTOMATISMS" (IRRELEVANT MOTIONS).

Lindley (Clark University) describes a series of experiments with school children and adolescent pupils in the kindergarten and primary grades of the Boston Normal Training School. They were made in conjunction with President Stanley Hall for the purpose of finding the frequency of automatisms during various forms and degrees of attention. In all there were 662 cases tested (some subjects counted more than once), 235 were children of twelve years of age or under, and the rest were nearly all under twenty years of age. 421 were females, 241 males, and of the 235 children there were 117 girls and 118 boys. Of adolescents 304 were females and 125 males.

The first form of experiment was the drawing of straight and zig-zag lines between perpendicular parallel lines extending between two horizontal parallel lines. Work continued fifteen minutes followed by an interval of five minutes, and then resumed for ten minutes more. They made large and small lines alternating for about equal lengths of time. The children were in groups of six or eight in number.

The average number of "automatisms" (irrelevant acts) per hundred was found to be, for children 124, adolescent's 110. About half of the total number of automatisms belonged to parts of the head and face. Of single groups recorded, fingers and feet led in both children and adolescents. The lips ranked high in both lists. The head "automatisms" were much more frequent in children than adolescents, and the mouth, lips and tongue were not far behind. Swaying, the commonest of the body "automatisms," was almost entirely restricted to children. Playing and drumming with fingers were not so frequent with children as with adolescents. Girls led in swaying and finger automatisms, but boys led in tongue, feet and hand movements. The average number of "automatisms" per 100 girls was 179, boys 181.

Some groups gave the "automatisms" of writing, recitation, pub-